

# Youth Police Academy

## Registration Form

Town of Sutton  
Police Department  
4 Uxbridge Road  
Sutton, MA 01590  
Telephone: (508) 865-4449  
Fax: (508)865-8757



Youth Police Academy Coordinator: Ptl. Lisa A. Sullivan    E-mail: l.sullivan@suttonpolice.com

Please complete and return this **application and Parental Consent and Release Form** to the dispatch window of the Sutton Police Department no later than July 1, 2016. All applicants are required to attach a copy of the student's most recent doctor's physical exam, similar to that required for participation in their school athletics, to this application form. Academy uniforms, consisting of a t-shirt and hat, will be provided by the department and must be worn at all times during the academy. Each participant will be required to provide their own plain black athletic shorts (knee length) and athletic footwear (suitable for running) which will be worn throughout the academy program. The academy staff reserves the right to dismiss any participant as a result of inappropriate conduct or for failure to comply with any academy rule. Admission to the Youth Police Academy is open to Sutton residents and admission will be granted on a first come, first serve basis. Parents/guardians are responsible for transportation for their participant to and from the academy each day. **Registration will not be considered complete without all paperwork turned in before the deadline.**

**The 2016 Youth Police Academy is scheduled for August 1<sup>st</sup>-5th, with graduation at 12pm on August 5th.**

Child's Name: \_\_\_\_\_ Male/Female: \_\_\_\_\_  
Address: \_\_\_\_\_ Town/City: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

**Grade as of date of 2016 School Year: (Circle One) 7 8** School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
Parent Cell Phone: \_\_\_\_\_

Emergency Contact (other than parents): \_\_\_\_\_ Phone: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_

Food Allergies/Intolerances: \_\_\_\_\_

Please list any physical disabilities that would restrict participation in programs (i.e. asthma, allergies to bee stings, medication being taken, tubes in ears, etc): \_\_\_\_\_  
\_\_\_\_\_

E-Mail Address: \_\_\_\_\_

I give permission for my child's picture to be taken for program scrapbooks/DVD video, local access television, news paper, YouTube, Facebook/social media, etc. \_\_\_\_\_ (parent/guardian initials)

Participant Shirt Size (**Adult size**) (circle): **Small Medium Large X-Large**